

PART B - FEE(S) TRANSMITTAL

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31846 7590 04/23/2007
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	(Depositor's name)
	(Signature)
	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/049,393	08/28/2002	Antonius Helena Adolf Bom	0-1999.475 US	3834

TITLE OF INVENTION: USE OF CHEMICAL CHELATORS AS REVERSAL AGENTS FOR DRUG-INDUCED NEUROMUSCULAR BLOCK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	07/23/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MAIER, LEIGH C	1623	514-058000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	Susan Hess
<input checked="" type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 _____
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		3 _____

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Organon N.V.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Oss, The Netherlands

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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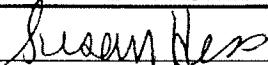
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Authorized Signature



Date July 19, 2007

Typed or printed name Susan Hess

Registration No. 37,350

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